



DEPARTMENT OF THE ARMY  
US ARMY MEDICAL RESEARCH AND MATERIEL COMMAND  
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MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: US Army Medical Research and Materiel Command (USAMRMC)  
Fiscal Year 2007 (FY 07) Command Training Guidance

1. References:

- a. MEDCOM FY 07 Command Training Guidance, 2 October 2006.
- b. MEDCOM Regulation 350-4, Readiness Training Requirements, 12 February 1998.
- c. AR 350-1, Leader Development, 13 January 2006.
- d. FM 7-0, Training the Force, 21 October 2002.
- e. FM 7-1, Battle Focus Training, 15 September 2003.
- f. DOD Instruction 1322.24, Medical Military Readiness Training, 12 July 2002.
- g. MRR Circular XXX-X (Change 3), 21 December 2001.
- h. TC 8-800, Medical Education and Demonstration of Individual Competence (MEDIC), August 2006.
- i. MEDCOM Pamphlet 525-1, Medical Emergency Management Planning, 1 October 2003.
- j. MEDCOM Regulation 525-4, US Army Medical Command Emergency Management, 11 December 2000.
- k. Memorandum, Chief of Staff, US Army Medical Command, subject: Chemical, Biological, Radiological, Nuclear, and (High Yield) Explosives (CBRNE) Training of Medical Command, Personnel, 21 December 2004.
- l. AR 220-1, Unit Status Reporting, 16 March 2006.
- m. AR 525-13, Antiterrorism, 4 January 2002.

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n. FM 3-50.1, Personnel Recovery, 10 August 2005.

2. Purpose. To provide training guidance to USAMRMC Commanders, Leaders, and Soldiers regarding my training philosophy and priorities.

3. Mission. Provide medical science and technology, medical acquisition support, materiel and medical logistics to support the Warfighter across the full spectrum of joint health care missions worldwide.

4. Training Objectives. We have a unique challenge providing world-class research and technology, medical acquisition, strategic and tactical logistics, and maintaining combat health support readiness to sustain the Soldier on the battlefield. The following Command objectives will help us to maintain the momentum during FY 07:

a. Enhance the Command science and technology research program.

b. Enhance the Command medical acquisition processes and efficiency.

c. Focus on developing military and civilian leaders.

d. Continue our support efforts and lead the joint biomedical research and materiel community to build the USAMRMC joint team and joint vision.

e. Ensure mission accomplishment through beneficial partnerships with other military services, other government agencies, academia, and private industry.

5. Mission Essential Task List (METL):

a. Provide trained and ready Soldiers to support worldwide contingency operations.

b. Provide research and technology development support.

c. Provide medical acquisition and materiel support.

d. Project and sustain a medically protected force.

e. Deploy a trained and equipped medical force that supports the Army Transformation.

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**6. Training Priorities:**

a. **Soldiers.** We must develop our leaders and Soldiers with the right combination of education, training, and mental toughness to meet the rigorous leadership demands and requirements of the future joint force.

b. **Global War on Terrorism (GWOT).** The Army Medical Department's (AMEDD) continued involvement in the GWOT and the ongoing demands for medical support in other operations, contingencies, and disaster relief missions are creating changes for the training, equipping, and transformation of medical units. The Nation's increasing reliance on the AMEDD means we must be ready.

c. **Transformation.** As the Army organizes, equips, and trains for GWOT, one of its greatest challenges is in the growth of new technologies and tactics, techniques, and procedures.

**7. Training Philosophy:**

a. **Training is the cornerstone of readiness and the key to our continued success.** Always train to standard. We support a transforming Army at war and several elements of USAMRMC are alongside the Warfighters. We need to capitalize on the combat experience of our Army and our workforce to understand the requirements and complexities of combat and anticipate the challenges of the joint requirements.

b. **Training that contributes to mission success, ensures increased capability for the Warfighters, and is tied to our organization's METL.** Training is continuous and a critical element of everything we do for our Soldiers, Civilians, Contractors, the joint element within our logistic support, and government agencies.

c. **Training that facilitates USAMRMC support to the modular Army and our support to the joint community.** To sustain the success in this environment, we must continually make changes to improve our operations and our support to the Army.

d. **Training that improves the quality and agility in our industrial, acquisition, and administrative processes.** The goal is to get the right products to the field faster, smoother, and at less total cost. Part of the program implementation will be the review of training on the acquisition process that ultimately will improve Command acquisition efficiency.

e. **Pre-deployment training that ensures our Military, Civilian and Contract workforce is fully prepared to perform their mission during combat, peacekeeping, and humanitarian assistance operations.**

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**8. Training Guidance for FY 07:**

a. **Leader Training.** Military and Civilian personnel are to be encouraged to seek and complete college degrees and long-term civilian training opportunities, such as Training with Industry, Industrial College of the Armed Forces, Army Management College, War College, as well as post baccalaureate degree programs and professional certifications.

b. **Joint Capabilities.** We must support the development of the Joint Medical Research, Development, and Logistic Backbone Concept. In the development of your training plans, look for opportunities to develop joint capabilities and joint experience in our workforce. Joint training with other Services, joint individual product tracking involvement, Joint Urban Medical Technology Game, and sharing lessons learned are some examples of methods to accomplish this. Commanders will support all applicable planned Army, USAMRMC, and Joint exercises and seek ways to utilize these experiences to improve our joint training and readiness.

c. **Acquisition, Research, and Technology Management.** Personnel assigned to acquisition, research, technology, logistic, and contracting positions with USAMRMC will complete the appropriate levels of Army Acquisition training. Personnel assigned in the Science and Technology arena will complete, as a minimum, ACQ 101, ACQ 201A, ACQ 201B, STM 301, and STM 302. This should lead one to earn level three acquisition certification and ultimate inclusion in the Army Acquisition Corps.

d. **Training Assessments.** Training Assessments are the Commander's responsibility. Each command will have active development programs for both Military and Civilian personnel. I expect commanders to crosswalk their METL tasks with USAMRMC's METL to define their training posture, performance measures, and training resource issues, and to refine their METL and assessment techniques.

e. **Continuous Process Improvement (CPI) and Lean Six Sigma.** As the Army continues the GWOT, USAMRMC must adapt to a changing world environment; we must develop a CPI mindset. We need to strengthen what is working for us and eliminate what is not, and develop new ways to support our Army's current war efforts. I encourage commanders to explore new ways and methods that will enhance our business operations, acquisition products, research, technology, and logistics at every level.

f. **Military Education.** Make every effort to create the opportunity for your Soldiers to get the military schooling needed for their career development. Leaders must ensure Soldiers scheduled for training are prepared to successfully meet course requirements.

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g. Deployments. As the USAMRMC takes on more responsibility in war fighting, peace keeping, and humanitarian assistance operations support, its personnel must be prepared to support short notice contingencies during deployment and humanitarian assistance operations or outbreaks.

h. Fully Medically Ready/Individual Medical Readiness (IMR). The Medical Operational Data Systems (MODS) and the Medical Protection System (MEDPROS) offer tools designed to enhance readiness and daily operations. Commanders at all levels are responsible for the implementation and use of MEDPROS in its entirety. Successful implementation will include achieving 100 percent of USAMRMC personnel with current IMR data in the system. Commanders are responsible to train and maintain personnel for "read" and "write" access to MEDPROS in order to maintain unit and individual medical readiness. Commanders can use this tool to project and update unit medical readiness delinquencies at <http://www.mods.army.mil/>.

i. Mandatory Training. Commanders are responsible for ensuring compliance with all mandatory training (Enclosed).

j. Detainee Medical Operations and Ethics. All military will complete Detainee Medical Operation and Ethics training initially. All deploying Military, Civilian, and Contract personnel must complete the training within one year prior to deployment. Detainee Medical Operations and Ethics training will be taken on-line at <https://mhslearn.satx.disa.mil>.

k. Personnel Recovery. Personnel Recovery is the task of bringing our warriors home. It is part of the Warrior Ethos and must be embedded into every fabric of the Army to include all Soldiers, Department of the Army (DA) Civilians, and DA Contractors. To meet our individual personnel recovery training requirement, all PROFIS and deploying Soldiers and Civilians will complete the SERE 100 course (found under "Personnel Recovery") at <https://www.hqda.aoc.army.pentagon.mil>.

l. Chemical, Biological, Radiological, Nuclear, and (High Yield) Explosives (CBRNE). Commanders will ensure all employees, including Active and Reserve Components personnel, Government Civilians, and Contractors complete the appropriate level of CBRNE training at [https://www.aimsrdl.atsc.army.mil/secured/accp\\_top.htm](https://www.aimsrdl.atsc.army.mil/secured/accp_top.htm).

m. Antiterrorism Training (AT). The AT remains a top priority for Army organizations. Commanders will track the completion of Annual AT Level 1 training requirements for all personnel. The AT Level 1 training is found at <https://atlevel1.dtic.mil/at/>. In addition, commanders will ensure that area specific threat briefings are given to deploying personnel.

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n. 68W Transition and Sustainment. The SACMS-VT has transformed into Medical Education and Demonstration of Individual Competence (MEDIC) and Annual Combat Medical Skills-Validation Test (ACMS-VT). Commanders will ensure that 68Ws maintain their EMT certification within the National Registry guidelines. More information is available at <http://www.cs.amedd.army.mil/courses/tccc/tccc/index.html>. All training will be documented in the 68W Tracking Module with MODS.

o. Safety and Composite Risk Management. We are at war and the Army is trying to protect our combat capability. Protecting the Force directly relates to safety and remains a key priority at the place of work, during training, and at home. Members of this Command will use every practical means to prevent accidents and utilize risk assessment for all events. Leaders will actively promote safety awareness. Directors and commanders will conduct safety briefings prior to each holiday. Soldiers will conduct privately owned vehicle (POV) Risk Assessments using the POV Risk Assessment Tool (ASMIS-2) found at the US Army Combat Readiness Center website <https://crc.army.mil/home/> for leave, pass, and temporary duty. As the first-line leaders, your role is to review the POV Risk Assessments with your subordinates. Clearly articulate this as a mission planning tool. Simply requiring the completion of a risk assessment worksheet is insufficient. Sit down with your people and be proactive. Army leaders (Battalion and higher) are required to participate in the Army Readiness Assessment Program (ARAP) at <https://unitready.army.mil>. This web-based program addresses root causes of accidental loss by focusing on organizational climate and culture. Commanders will enroll in ARAP within the first 90 days of taking command.

p. Staff Assistance Visit (SAV). The Inspector General is the proponent for inspection policy and the Deputy Chief of Staff for Logistics is the coordinating authority for all the SAVs.

q. Operational Security (OPSEC). If we keep our information and communications secure, lives will be saved. The OPSEC and Information Assurance (IA) are not just Army programs. They are a mindset that requires the constant attention of every Army Officer, Enlisted Soldier, Civilian employee, Contractors, and their families. If we do not follow OPSEC/IA, policies and procedures will remain vulnerable. The enemy is smart, technically able, and very active and if given an opportunity will exploit it. Our cyber and communication defenses are being probed every nano-second from a wide variety of sources: state sponsored intrusions; terrorist activities; or your next door neighbor. All personnel are responsible for safeguarding the passwords they are issued and the content of data generated within their accounts. Passwords will not be shared with others. The only true protection is human vigilance and the only person that can ensure that happens is you!

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r. The Expert Field Medic Badge (EFMB). The EFMB is the utmost challenge to the professionalism, competence, and physical endurance of the Soldier medic. It is the most sought after peacetime award in the AMEDD, and while the Combat Medical Badge is the "portrait of courage" in wartime, the EFMB is undoubtedly the "portrait of excellence" in the Army all of the time. I challenge all Soldier Medics to obtain this gold standard of excellence.

9. Assessments and Reviews. Training assessments are the commander's responsibility. I'll use the quarterly Medical Readiness Process, the USAMRMC Review and Analysis Report, Department of the Army Inspector General assessment and inspection, and other tools to maintain visibility of and discuss your assessment with you.

10. Conclusion. The output of our training plans must be a more joint and capable workforce and will provide the medical acquisition, logistics, and technology that better supports the Warfighters. The entire USAMRMC must be focused on providing the support, sustainment, and superior technology that ensures mission success on the battlefield.

11. Point of contact for this action is LTC Andujar, DSN 343-3312, 301-619-3312, or email at jose.andujar@amedd.army.mil.

*This is an ambitious and comprehensive training guidance designed to build and maintain USAMRMC "pentathletes".*  
*Your support and personal involvement is absolutely essential... and expected. We must be "Army strong"!*

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